



## CITY OF LAS VEGAS - MUNICIPAL PARKING PROGRAM

### H E A R I N G   O F F I C E R   R E Q U E S T

I, \_\_\_\_\_, hereby request a binding hearing in the nature of arbitration or alternative dispute resolution before a hearing officer.

My Address is \_\_\_\_\_

I request this hearing involve Notice of Infraction Number(s) (*Citation Numbers*) :

_____	_____	_____
_____	_____	_____
_____	_____	_____

License Plate #: \_\_\_\_\_

I understand that the Hearing Officer is an attorney and not an elected or appointed judge. I understand that I have the right to a trial in Municipal Court, but I am electing to have my ticket heard by the Hearing Officer.

I understand that I am agreeing to be bound by the decision of the Hearing Officer. I understand that if I fail to appear for the scheduled hearing before the Hearing Officer, he/she can and will enter a decision against me for the full amount and penalties scheduled to be reviewed, and I may not reschedule a hearing in the future. I understand and agree that, if necessary, due to my lack of timely payment, the city of Las Vegas can and will use this binding decision to have a formal civil judgment entered against me in the Las Vegas Municipal Court.

I understand that if a civil judgment is obtained, the city may seek and obtain a Writ of Execution against me. I understand that if a Writ of Execution is obtained, my wages and/or bank account may be garnished, liens may be put on my property, and my vehicle(s) may be towed or immobilized.

Knowing all of the above, I still wish to request a binding hearing before the Hearing Officer on the above-described Notice of Infraction(s).

I hereby acknowledge the above and further acknowledge that at my request a hearing will be scheduled. Once this completed form is received, I request to be contacted by a clerk at following phone number(s).

\_\_\_\_\_ or \_\_\_\_\_  
Phone number                      Alternate Phone Number

\_\_\_\_\_  
Defendant/Representative Appearing                      Date  
(Please Sign)

☐ I will need the assistance of an interpreter:    Language spoken: \_\_\_\_\_

**CITY OF LAS VEGAS  
MUNICIPAL PARKING PROGRAM**

Name: \_\_\_\_\_

Defense: Please explain the reason you want to contest this ticket *(Check One)*

- \_\_\_\_\_ Vehicle Breakdown
- \_\_\_\_\_ Sold Vehicle
- \_\_\_\_\_ Medical Emergency
- \_\_\_\_\_ Inadequate Signs or Curb Paint
- \_\_\_\_\_ Did Not Receive Ticket on the Vehicle
- \_\_\_\_\_ Other (Brief Explanation)

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Return this form to:

City of Las Vegas  
Parking Citation Office  
416 North 7<sup>th</sup> Street  
Las Vegas, NV 89101  
**(702) 229-4700 (Main Office)**  
**(702) 229-4852 (Hearings Office)**  
**(702) 382-2309 (Fax)**